

CITY OF MELVINDALE, MICHIGAN
Freedom of Information Act: APPLICATION FOR COPIES OF PUBLIC RECORDS

Item(s) Requested: _____

Number of copies: _____

Instructions: (Circle One) CALL when ready MAIL the information (extra fee)
 OTHER _____

I understand the City of Melvindale may take 10 additional business days, if necessary, to fill my request. If it is determined that some or all of the materials which I have requested may not be disclosed, I will receive a reason for denial and explanation of my right to appeal. I also understand that I may be charged with costs associated with this request and that I am required to pay the amount due before receiving the information.

Signature of Applicant _____
Date

Print Name

Address (Street, City, State, and Zip Code)

(Area Code) Phone Number

| | |
|---------------------|--|
| FOR CITY USE | DATE/TIME RECEIVED _____ |
| | COSTS INCURRED |
| COPIES: | _____ X .25 PER PAGE \$ _____ |
| | # of Copies |
| LABOR: | _____ X _____ \$ _____ |
| # of Employees | Hourly Wage Total Hrs Wkd |
| | If mailing of the information is required, MAILING COST: \$ _____ |
| | COMMENTS: _____ |
| | TOTAL AMOUNT DUE: \$ _____ |

Send total amount due to: City of Melvindale, City Clerk=s Office, 3100 Oakwood Blvd.,
 Melvindale, MI 48122